

L14000052177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

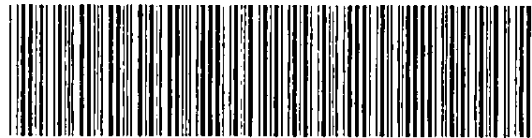
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2023 MAY -1 PM 12:54

STATE
FL



2023 MAY -1 PM 2:02

STATE
FL

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155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 05/01/23

NAME: CHARIS HEALTHCARE HOLDINGS, LLC

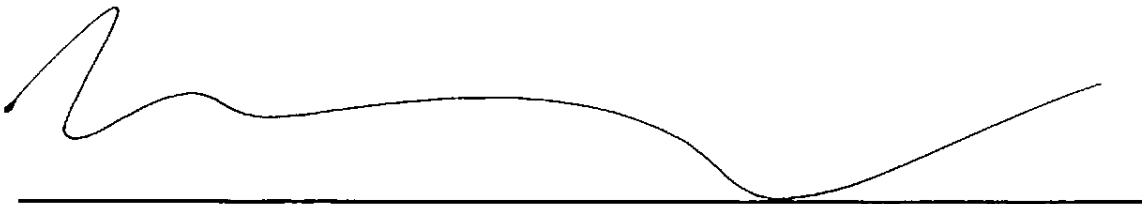
TYPE OF FILING: AMENDMENT

COST: 25.00

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHARIS HEALTHCARE HOLDINGS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BELINDA WARD

Name of Person

LASRIS HEALTH LAW CENTER PA

Firm/Company

7805 SW 6TH ST

Address

PLANTATION, FL 33324

City/State and Zip Code

BELINDA@LASRISLAWFL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BELINDA WARD

954
at ()

361-6053

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CHARIS HEALTHCARE HOLDINGS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2023 JUL -1 PM 12:54
CLERK OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 3/31/2014 and assigned
Florida document number L14000052177.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JAMIN RUARK

New Registered Office Address:

301 YAMATO RD., SUITE 2121

Enter Florida street address

BOCA RATON

, Florida 33431

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO, AMBR	JAMIN RUARK	885 Penniman Ave., Suite 6426	<input checked="" type="checkbox"/> Add
		Plymouth, MI 48170	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO, P, S, T, DIR	MATTHEW SAAGMAN	885 Penniman Ave., Suite 6426	<input type="checkbox"/> Add
		Plymouth, MI 48170	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

702
OFFICE OF STATE
ATTORNEY, FL

2023 MAY -1 PM 12:54
CLERK OF STATE
TALLAHASSEE, FL

100

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative

Typed or printed name of signee

Filing Fee: \$25.00